CCRi Central Coast Research & Innovation Centre

DEEP DIVE SERIES · REPORT 3 OF 4

Mental Health, Trauma and Family Safety

Priorities for research and collaboration on the Central Coast

Findings from the Deep Dive workshop

Gosford · Thursday 30 July 2026

A partnership between Central Coast Local Health District and the University of Newcastle

CONTENTS

What is in this report

ABOUT THE DEEP DIVE SERIES

CCRI held four Deep Dive workshops in July and August 2026, one for each CCRI focus theme. Each brought together people already working in that area to build a shared picture of the system, identify existing capability, and shape collaborative ideas.

SECTION ONE

01 Introduction

The Central Coast Research & Innovation Centre (CCRI) is a partnership between Central Coast Local Health District and the University of Newcastle. It works to connect the people and organisations working across health, education, community services and research on the Central Coast, and to build a clearer understanding of the region's health priorities so that research and innovation are directed toward what matters most here.

The focus themes provide a way for researchers, clinicians, community organisations and other partners with related interests to find one another, build relationships and develop collaborative activity over time. They are intended to create focus and depth around areas that matter to the Central Coast, while remaining broad enough for different questions, disciplines and types of collaboration to develop within them.

The four focus themes

- Healthy Beginnings and Women's Health
- Healthy Ageing
- Food, Nutrition and Health
- Mental Health, Trauma and Family Safety

Mental Health, Trauma and Family Safety

This theme includes mental health across the life course, trauma and its effects, domestic, family and sexual violence, and the safety and wellbeing of families. It brings together areas that frequently intersect in people's lives and in service delivery, recognising the connections between mental health, trauma, violence, substance use and the wider circumstances that shape safety and wellbeing.

WHAT THIS REPORT DOES

This report captures the priorities, perspectives, capabilities and opportunities identified through the workshop and provides a basis for continued discussion and collaboration within the theme. It is written to be useful to both those who took part and others working in this area who did not, including researchers, clinicians, community organisations, industry and government partners considering where they could contribute.

SECTION TWO

02 About this workshop

The Mental Health, Trauma and Family Safety Deep Dive was held on Thursday 30 July 2026 in Gosford. Thirty people attended, from community and not-for-profit organisations, mental health and child and youth health services, the Primary Health Network, schools and education, domestic, family and sexual violence services, hospital emergency departments, justice and post-release support, carer services, private providers, and research groups at the University of Newcastle, Hunter Medical Research Institute and the Central Coast Local Health District.

The workshop brought together people working across different parts of mental health, trauma and family safety on the Central Coast. This provided an opportunity to hear perspectives from different organisations and settings, identify connections between existing work and capability, and consider opportunities for collaboration. This workshop formed part of CCRI's ongoing work within the theme, with understanding, relationships and opportunities continuing to develop through further engagement and collaboration.

Workshop format

The first half of the session drew on LEGO-based play. Each participant built their own part of the system: the people they work with, what they are working on, the settings they work in, what is working, and the pressures and gaps present. Individual builds were then combined into a single shared system at each table. Participants then modified their shared models to represent the future they wanted to see for the Central Coast community in five years' time. Each table reported back to the room through a spokesperson.

The second half drew on Strategic Doing methodology. Each table was given a question designed to focus discussion on the future they wanted to work towards. Participants then identified the assets already in the room — knowledge, relationships, networks, facilities, data and experience. The aim was to find opportunities where combining different assets could enable something no one participant could achieve alone. From this, each table developed one collaborative idea that could realistically be taken forward.

The exercise served two purposes: to generate practical project ideas and to demonstrate a way of working that starts with existing resources and identifies small, achievable opportunities to act together. The underlying idea is that trust and collaboration develop through action: working together on something manageable can strengthen relationships and create a basis for more ambitious work. This reflected a central theme of the workshop — that a great deal is already happening across the Central Coast, and that there is value in looking more creatively at how existing assets can be combined.

WORKSHOP OBJECTIVES

Build shared understanding of the current system, including what is working, where gaps and pressures are experienced, and how different parts of the system connect.

Develop a shared direction by exploring what participants would want to be different in five years.

Surface capability and opportunity by identifying the knowledge, relationships, resources and experience already present across the group.

PARTICIPANT PROFILE

Health and clinical services · University and research · Community and not-for-profit · Education · Primary Health Network · Justice and post-release services · Private providers

SECTION THREE

03 Executive summary

Three key priorities emerged throughout the workshop.

01

Navigation and the wrong door

Limited visibility between services and inconsistent referral pathways were recurring concerns. Families referred on were described as sometimes being turned away because their needs were considered too complex or services were at capacity, while referring practitioners often did not know what happened next.

02

Prevention, and the people using violence

Participants wanted more prevention work reaching people who use violence, alongside support for people who have experienced it. Earlier work with young men was particularly identified as a gap.

03

Housing and material stability

Housing was placed first when participants discussed the conditions that support recovery. A safe home was described as fundamental to progress in areas such as income, education and health, and to sustaining mental health support.

What follows

What we heard: sets out the current picture in six areas, from navigation and eligibility through to pressure on the workforce and on services.

What better looks like: sets out the six things participants wanted to be different in five years.

What the region holds: an inventory of the skills, relationships and resources participants brought into the room and were willing to share.

What could be built from it: sets out five worked examples developed by participants from that capability, followed by further ideas raised but not worked up.

Questions raised: lists ten questions participants identified as not yet well answered locally, where stronger evidence would help make the case for change.

Connections and commitments: records some of the early connections made on the day, and what participants said they would like to do in the following month.

The workshop also mapped capability and resources across the organisations represented and used these to develop five worked examples.

SECTION FOUR

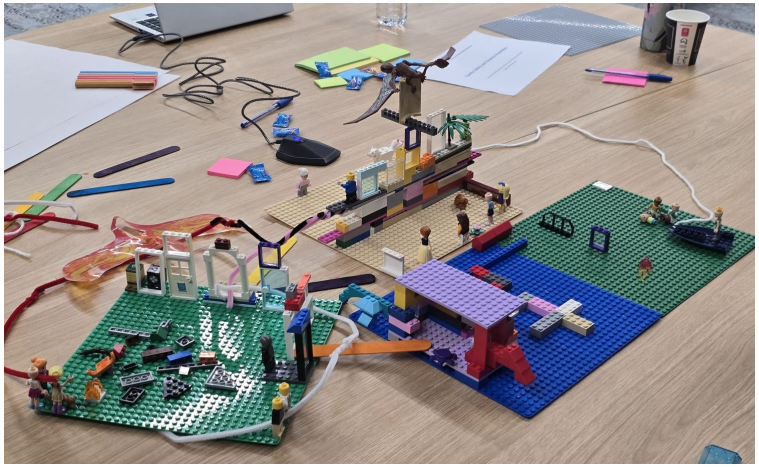
04 What we heard

Participants were asked to describe the mental health, trauma and family safety system on the Central Coast as they currently experience it, including what works, where the gaps and pressures are, and how their work connects with others.

Existing connections between services on the Central Coast were identified as a strength, alongside opportunities to strengthen those connections further.

The six areas

- Navigation, eligibility and the wrong door
- Prevention, and the people using violence
- Housing, transport and material preconditions
- Reach into particular groups and settings
- Lived experience, loss and grief
- Pressure on the workforce and on services



Navigation, eligibility and the wrong door

People were described as entering a system where services do not always connect, with individuals and families often left to navigate their own way to the right support. Services often have limited visibility of one another, pathways are disjointed, and each service sets its own criteria for who may enter. People reaching the wrong service were described as often not being connected to a more appropriate one.

> *"If you show up at one, you'll be valid through all of them."*

Practitioners described referrals being declined because a family's situation was considered too complex or high risk, or because the service was at capacity. Participants working in schools described the same difficulty as outside health, since educators are frequently the first people a family asks and have limited visibility of the service system themselves.

Participants described referring people in crisis to supports and then having no way of knowing what happened after those people left, which leaves practitioners unable to tell whether what they did helped.

Hospital emergency departments were described as receiving people where other options were limited or service eligibility thresholds were not met, with some people returning repeatedly to emergency care.

Prevention, and the people using violence

Participants wanted more attention directed at people who use violence, alongside the support provided to people who have experienced it. They described this as a gap in how prevention is currently arranged.

> *"We have lots of focus on people who've experienced violence. We don't necessarily have a lot of focus on people who are engaging in harmful behaviour."*

Earlier access to behaviour change and other support for young men was identified as a priority. The volume of gendered content young men encounter online was also raised as relevant to this work. A need for better local understanding of who is at risk of using violence was also identified, to help inform prevention work. Participants linked gendered violence to wider cultural and structural factors that shape attitudes and behaviour.

Housing, transport and material preconditions

Housing was placed first when participants discussed the conditions that support recovery. A safe home was described as fundamental to building financial stability, participation in education, maintaining health and sustaining mental health support. Transport was also raised as an important factor in whether available services could actually be reached.

For families leaving violence, a range of factors were identified as affecting whether leaving is possible, including financial control within the relationship, shame, interdependence and responsibility where caring is involved, and the technology skills needed to access the NDIS. Accommodation for family pets was also raised as an issue that can influence whether some families are able to leave. Some service models were described as requiring a level of stability that families in crisis may not have. Weekly appointments were given as the example of a model that does not align with how families in crisis live.

Reach into particular groups and settings

Differences in the resources available to people came up repeatedly. Those in the most difficult circumstances were described as often facing the greatest barriers to navigating a fragmented system.

> *"Let's reduce the need for the navigation."*

Participants described violence inside caring relationships as difficult to see and named the difficulty of identifying abuse where a medical condition is involved. They noted that caring is gendered and that most carers are women.

In custodial settings, participants described an ageing prison population, limited access to occupational therapy and other therapies, health services operating within a custodial environment they do not control, and the losses people in custody carry, including family and pets.

Young people with intellectual disability were described as less well served where services lack appropriate capability. Brief interventions of three to six visits were also considered insufficient for some young people with more complex needs.

Participants also raised working in partnership with Aboriginal communities and families, and with culturally and linguistically diverse communities, as areas where they wanted to do more.

Lived experience, loss and grief

Participants asked how the voices of people with lived experience are included in the way services and research are shaped and said that every person's pathway to recovery differs. What they wanted for people was to feel safe and connected in their community, and to be able to connect with others who have been through something similar.

Loss, grief and trauma were raised together as factors underlying some of the demand services encounter. Participants described grief as relevant well beyond bereavement services, including within mental health, family violence and the experiences of people in custody.

> *"If you don't have housing, everything else crumbles very quickly."*

Pressure on the workforce and on services

Mental health professionals were described as under-resourced and overworked, with participants also raising the need for mental health and emotional support for service delivery teams. Staff wellbeing in custodial settings was raised in the same way.

More support for workers to navigate systems and advocate on behalf of the people they work with was identified as a priority. Participants also described frustration when attempts to connect families with resources were met by service barriers.

THE THREAD RUNNING THROUGH ALL SIX

Across these areas, participants pointed both to existing services and relationships that could be better connected or easier to navigate, and to gaps where further work may be needed.

SECTION FIVE

05 What better looks like

Groups were then asked to describe the mental health, trauma and family safety system they would want in five years. A consistent feature of the model-building was that barriers represented in the current system were rebuilt as pathways in this future view

One way in, connected onward

A recurring priority was for people to be connected onward regardless of where they first entered the system, reducing the burden of navigation on individuals and families. Three of the five groups described a version of this independently, as a one stop shop, a common pathway and a service that receives people and distributes them to what they need. Participants wanted services connected so that reaching the wrong service could still lead someone to the right support.

> *"Maybe this door's not the right door, but actually here is the right door."*

Stepping up and stepping down without falling out

Smoother movement between different levels of service was a priority, with participants wanting fewer people to lose support during transitions. They also wanted referral in from other mental health services in place of single entry points, longer opening hours, more venues, and the administrative requirements of seeking help reduced.

Support that goes with the person

One group, having cleared every obstacle in the way of the older woman they had placed at the centre of their model, still wanted someone alongside her for the walk, on the basis that a clear pathway is easier with company. Greater flexibility was also emphasised, with services responsive to where people are and what they need.

Services that understand violence and trauma

Participants wanted training on the dynamics and nuances of domestic violence available across the services families encounter, including the NDIS, police, Homes NSW and DCJ Child Protection. They wanted greater consideration of violence, abuse, neglect and trauma within mental health services, and attitudes and norms that can enable or minimise violence addressed directly. They also wanted men engaging in this work and saying publicly that it matters.

Prevention placed before the pathway

Participants wanted therapy available to children and young people who have experienced domestic violence, therapy for families, therapy delivered in schools, and earlier work with young men aimed at reducing future harm. Upskilling general practitioners, alcohol and other drug teams and mental health teams was raised alongside this.

Research connected to practice

Participants wanted a referral map of what is available on the Central Coast, built so that services and the people using them can see the same picture. Existing evidence was seen as something that should be applied within local services, with flexible service models for young people given as one example. Participants also wanted stronger connections between researchers and the people delivering care.

ONE DIRECTION

Across these priorities, participants emphasised easier entry into services, stronger connections between different levels of support, and greater emphasis on prevention and earlier intervention.

SECTION SIX

06 What the region holds

In the second half of the session, each table named the assets already present around it: the knowledge, relationships, resources, facilities and experience participants brought with them, and were willing to make available to others. Set out below is what was identified across the room.

Research methods and evidence

Qualitative research including interviews, focus groups, participatory and creative workshops, ethnography and detailed methods for exploring lived experience, quantitative research, ethics applications, grant and tender writing, evidence-based writing, implementation and translation policy knowledge, systems thinking, potential access to a large community database, subject to relevant governance and ethics approvals, and university journal databases.

Clinical and practice expertise

Extensive experience in mental health including child and adolescent services and emergency department clinical expertise, substantial casework experience across mental health, domestic violence and family preservation, trauma and violence-informed practice, harmful sexual behaviour knowledge, alcohol and other drug practice, clinical knowledge of homelessness, counselling, nursing across varied settings, and training in drama, art and somatic practice.

Access to people and communities

Strong reach into children, women and families through participating organisations, connections across child and youth mental health, wellbeing contacts in the Department of Education, networks spanning many organisations, health networks across the state, contacts in primary prevention of domestic violence, relationships and perspectives relevant to Aboriginal social and emotional wellbeing, culturally and linguistically diverse perspectives, multilingual practitioners, youth mentorship, and connection to consumer experience in mental health.

Space, facilities and resources

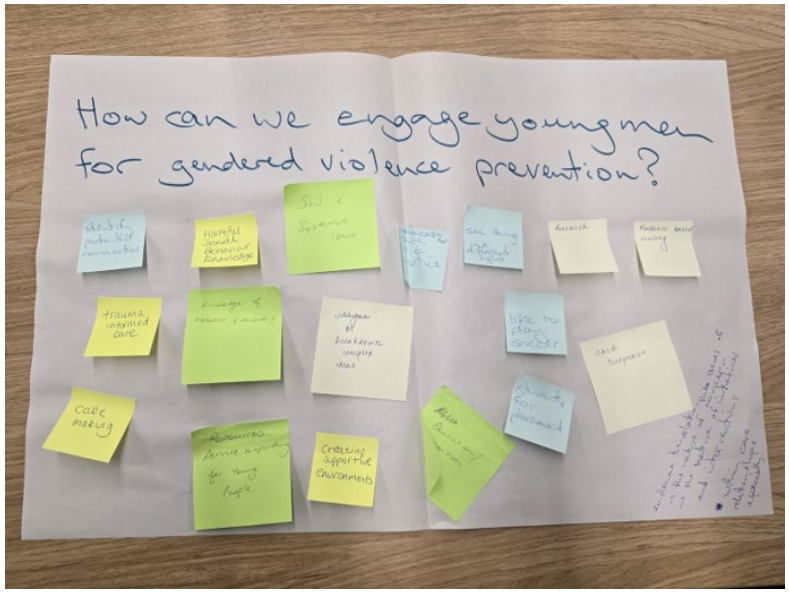
Potential access through participating organisations to rooms at the Hunter Medical Research Institute, university spaces and meeting rooms, journal databases, student placement opportunities identified by participants, clinical service flexibility, and the ability to visit people at home.

Skills that move work forward

Group and workshop facilitation, advocacy including government advocacy and relationships, policy skills drawn from working inside health services and government, funding and philanthropic grant writing, media and communications expertise and networks, document development and writing, and the ability to translate complex ideas out of professional language.

WHAT THIS LIST IS

Each of these assets was identified during the workshop and informed the collaborative ideas developed in the following activity.



SECTION SEVEN

07 What could be built from it

Participants developed five worked examples by combining the capability and resources identified above. Each drew on assets identified within the group and is recorded as an idea that could be explored further by those interested.

IDEA	WHAT IT RESPONDS TO	CAPABILITY IT DRAWS ON
A knowledge translation resource on engaging young men in gendered violence prevention, compiling what is understood about causes alongside what is being tried and what works	Prevention; work with people who use violence	Harmful sexual behaviour knowledge, trauma informed practice, a social work systems lens, evidence-based writing, research skills, culturally and linguistically diverse perspectives, and student placement opportunities
Research into whether and how grief following voluntary assisted dying differs from other bereavement, for the person, their family and those who witness it	A gap participants identified in local and wider understanding; access to support without stigma	Qualitative and quantitative research skills, ethics and grant writing, facilitation, potential access to a large community database subject to approvals, and clinical experience
A service model for repeat complex cases in schools that do not meet acute thresholds, with long term case support attached	Thresholds; people cycling through emergency; young people with intellectual disability poorly served by brief interventions	Department of Education wellbeing contacts, educational system knowledge, knowledge of mental health inpatient services and service pathways, understanding of the justice system, and private sector knowledge
Creative and arts based work with young people who cannot yet articulate what they are feeling	Reach into groups the system serves least; early support for young people	Performing arts, drama and art therapy, embodied and somatic practice, lived experience of mental health, perspectives relevant to Aboriginal social and emotional wellbeing, multilingual practice, and knowledge of how the health system works
A standing interservice group, beginning with an exchange of contacts and growing into a regular community of practice or multidisciplinary meeting	Services not knowing one another; practitioners carrying the navigation burden	Knowledge of available resources and how to navigate them, advocacy skills, networks spanning many organisations, facilitation skills, and potential access to meeting space through participating organisations

SECTION EIGHT

08 Other ideas raised

Participants raised further ideas during the session that were not worked up in detail.

- A referral map of services on the Central Coast, built with the person at the centre
- Training on the dynamics of domestic violence for the NDIS, police, Homes NSW and DCJ Child Protection
- Therapy for children and young people who have experienced domestic violence, and therapy for families
- Therapy delivered in schools
- Upskilling general practitioners, alcohol and other drug teams and mental health teams
- Accommodation that accepts pets, so that families leaving violence can keep them
- A multiagency commissioning strategy
- Applying research on the headspace flexible model to local health district services
- Support for workers to navigate systems and advocate for the people they work with

OPEN TO ANYONE

These ideas are recorded here as starting points for anyone interested in exploring them further.

SECTION NINE

09 Questions raised

The workshop also raised a number of questions participants felt were not yet well answered locally and could benefit from further research or evidence.

- What happens to people after they are referred out of a service, and whether the support they received made a difference
- What is currently available across mental health, trauma and family safety on the Central Coast, mapped from the position of the person seeking help
- Who is at risk of using violence, and what reaches them before harm occurs
- Whether and how grief following voluntary assisted dying differs from other bereavement, and what peer support contributes
- What proportion of mental health presentations to emergency reflect an absence of alternatives elsewhere
- What happens to children and young people whose needs sit below service thresholds, and what the drivers of those presentations are
- The effect of eligibility criteria on families assessed as too complex or too high risk to accept
- The mental health of people in custody, including an ageing prison population and access to therapies
- What supports the wellbeing of the workforce delivering this care
- Whether service models built on weekly appointments fit the lives of families in crisis, and what alternatives work

SECTION TEN

10 Connections and commitments

The workshop generated new connections between community providers, child and youth health, the Primary Health Network, the local health district, and policy and research contacts, with several participants agreeing follow-up conversations.

Connections reported on the day included a community organisation and Child and Youth Health agreeing to organise an in-service, share knowledge and resources, and act as a referral pathway for each other's programs; someone new to the region from the Primary Health Network meeting local health district colleagues about the joint regional plan and the new Medicare Mental Health Centres; and a further connection into the policy and research sector. One participant noted that in their field connections can take years to bear fruit, and that meeting more people is worth it regardless.

Participants were also asked to commit to one thing in the following month to support collaboration within the theme. Commitments included sending an introduction, looking up a funding opportunity, or connecting another participant with someone in the room.

> *"We've moved from confusion to a one stop shop."*

BUILDING MOMENTUM

These early connections may provide starting points for future collaborative work. The Collaborative Research Grants outlined on the next page provide one way for suitable ideas to be developed further.

SECTION ELEVEN

11 Where CCRI goes from here

FUNDING

Collaborative Research Grants

Seed funding of up to $15,000 for projects of up to twelve months. Projects require a collaborative team involving both Central Coast Local Health District and the University of Newcastle, with community partners encouraged. Projects must also align with at least one CCRI focus theme, have a clear output, and include a pathway to future funding, translation, or implementation.

Call opens late August 2026, with guidelines released beforehand

EVENT

2027 Research and Innovation Symposium

Better Health for Everyone: Research Driving Change, hosted by Central Coast Local Health District with CCRI and the University of Newcastle. The symposium showcases research, innovation and quality improvement work making a tangible difference to health and wellbeing on the Central Coast.

Held 11 and 12 February 2027 · Abstracts close 30 September 2026

Submissions and enquiries: CCLHD-Research@health.nsw.gov.au

MONTHLY

CCRI Connect

A monthly online check-in, open to everyone who attended any session in the Deep Dive series. It provides a way to report progress, ask for assistance and make connections between sessions. Attendance is voluntary. Join when you can, skip when you cannot, and there is no pressure to come if it is not useful to you.

Invitations issued directly

ON REQUEST

Project shaping

CCRI supports groups ready to develop an idea further and will make introductions to research or delivery partners on request.

Get in touch any time

Jenn McGhie
Jennifer.mcghie@newcastle.edu.au · www.ccri.asn.au

APPENDIX

Notes on this report

How this report was made

This report draws on recordings of the table report-backs, in which a spokesperson from each group presented what their table discussed and built, along with the written records made by each group, photographs of the asset mapping and worksheets, and a participant feedback form completed on the day. Quotations are taken from the recordings and lightly edited for readability while retaining the speaker's words. Individual participants are not named. Organisations and services are referenced where they were part of the workshop discussion or asset mapping.

What is recorded here reflects the knowledge and experience of those present on the day. Where an idea moves toward becoming a project, CCRI can connect groups with partners who can help shape the approach, review relevant evidence and refine the work.

THE SERIES

This is one of four reports covering CCRI's focus themes. Reports from each session are shared with attendees of all workshops and with other interested stakeholders.

Participant feedback

A feedback form was made available at the end of the session and completed by a small number of participants.

What worked

The LEGO-based activity was the element respondents most often returned to in their feedback. It was described as a fun and effective way of creating conversation, generating ideas, identifying themes and working together. Respondents valued the hands-on approach and working in small groups. One respondent particularly valued the opportunity to reflect on their own assets and their view of the mental health system. Respondents also commented positively on the table guides.

> *"The Lego activity was a fun and effective way of creating conversation, ideas and identifying themes and working together."*

What changed for participants

Respondents reported leaving with a clearer understanding of barriers to services and resources, disconnects between services and perspectives, challenges shared across community providers and the local health district, and the range of services providing mental health support, including private providers.

What participants would change

Respondents wanted more action-focused, practical outcomes to work towards, while also acknowledging the limitations of what could be developed in a single afternoon. They wanted more even numbers across the tables. Respondents also noted that the afternoon finished late for those who had attended the morning session. This feedback will be considered in planning future CCRI workshops and activity.

Thank you

To everyone who gave their time, experience and ideas to the Mental Health, Trauma and Family Safety Deep Dive. We look forward to continuing the conversation.

GET IN TOUCH

Jenn McGhie

Jennifer.mcghie@newcastle.edu.au

ccri.asn.au

CCRi Central Coast Research & Innovation Centre

NSW GOVERNMENT Central Coast Local Health District

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

A partnership between Central Coast Local Health District and the University of Newcastle